

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9750100 | FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2		1				52					
3		2				53					
4		(1)				54					
5		(1)				55					
6		(1)				56					
7		(1)				57					
8		(1)				58					
9		(1)				59					
10		(1)				60					
11		(1)				61					
12		(1)				62					
13		(1)				63					
14		(1)				64					
15		(1)				65					
16		(1)				66					
17		(1)				67					
18		(1)				68					
19		(1)				69					
20		(1)				70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TAL						TOTAL IND.					
TAL P.	20										
TAL AMMS	21					TOTAL DEP.					
						TOTAL CLAIMS					